

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. ~~283~~ 632

Primary Registration District No. ~~5833~~ 5833

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County OREGON

(b) City or town Rosh Korum, Miss
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)

In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Oregon 75

(c) City or town Rosh Korum
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Miranda J. Oney

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20
year 1942 hour 6 minute 40 P.M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife O. J. Oney

6. (c) Age of husband or wife if alive 1850 years

7. Birth date of deceased: 5-22-1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 10 Days 28 If less than one day
hr _____ min _____

Immediate cause of death Arteriosclerosis -

Due to _____

Due to _____

9. Birthplace Ky.
(City, town, or county) (State or foreign country)

Other conditions Emphy.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 97

Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name unk

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jos. Oney

(b) Address Rosh Korum

17. (a) B. (b) Date thereof 4-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wayside

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director Roberts

(b) Address West Plains, Mo

19. (a) 6-6-42 (b) Jae N. Williams
(Date received local registrar) (Registrar's signature)

23. Signature Leo Carr
Address Wayne - Mo Date signed 4/24-42

1112

(Licensed Embalmer's Statement on Reverse Side)

CARR

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

942781

9-11-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision:

Signed

PAIGE D ROBERTSON

Licensed Embalmer No. 3435

P. O. Address WEST PHOENIX, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.